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DATE: September 26, 2007

PTO IDENTIFIER: Application Number 10/540,227-Conf. #6313  
Patent Number

Inventor: John S. Haurum et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: EDWARDS ANGELL PALMER &amp; DODGE LLP

Melissa Hunter-Ensor, Ph.D.

PHONE: (617) 517-5580

Attorney Dkt. #: 63573(50533)

PAGES (Including Cover Sheet): 9

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PTO/SB/07 (09-04)

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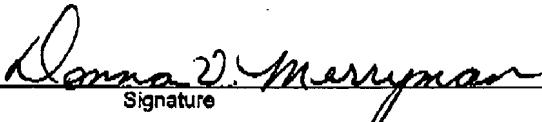
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Application No. (if known): 10/540,227

Attorney Docket No.: 63573(E0533)

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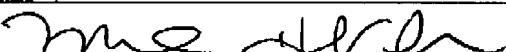
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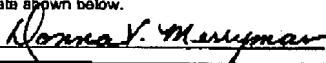
<b>TRANSMITTAL FORM</b>		Application Number	10/540,227-Conf. #6313
(to be used for all correspondence after initial filing)		Filing Date	March 6, 2006
		First Named Inventor	John S. Haurum
		Art Unit	1639
		Examiner Name	Teresa D. Wessendorf
Total Number of Pages In This Submission		Attorney Docket Number	63573(50533)

<b>ENCLOSURES (Check all that apply)</b>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Fax Transmission; Certificate of Transmission; Response to Restriction Requirement
Remarks		
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<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	Melissa Hunter-Ensor, Ph.D.		
Date	September 26, 2007	Reg. No.	55,289

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<b>Effective on 12/03/2006.</b> <b>Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete If Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2007</b>		Application Number	10/540,227-Conf. #6313
		Filing Date	March 6, 2006
		First Named Inventor	John S. Haurum
		Examiner Name	Teresa D. Wessendorf
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1639
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 60.00)		Attorney Docket No.	63573(S0533)

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 =	x	=				

HP = highest number of total claims paid for, if greater than 20.

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2251 Extension for response within first month

60.00

SUBMITTED BY		<i>M. Hunter-Ensor</i>	Registration No. (Attorney/Agent)	55,289	Telephone	(617) 517-5580
Signature	Name (Print/Type)	Melissa Hunter-Ensor, Ph.D.			Date	September 26, 2007

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